

Attention clients with a private insurance plan.

ADAP will no longer pay premiums for private plans. If you need insurance coverage for 2016 a Marketplace plan may be available.

Our records indicate that you currently have a private plan for which ADAP has been paying premiums during 2015. Premium payment assistance will no longer be available on private plans after 2015. To enroll for 2016 coverage, please follow the steps outlined below.

Here are the steps you need to take in order to enroll:

- 1.** Read the Pre-Enrollment Packet. Select one of the approved insurance plans for your county of residence. PLEASE BE ADVISED: You MUST select one of the approved plans in your county to receive assistance with premiums, copays and/or deductibles.
- 2.** It is recommended that you use a knowledgeable enrollment Navigator to assist you with enrolling into your selected Marketplace plan. Also check with your case manager or county health department (CHD) staff to see if local resources have been assigned for the enrollment process.
 - Set up an appointment with a Navigator (see list provided in the Pre-Enrollment Packet) or you may search for the closest Navigator in your area by visiting <http://www.coveringflorida.org/>
On the website, select the tab ENROLL & RENEW COVERAGE, then select Resources for Adults and enter your zip code to find local Navigator resources.
 - Call to schedule an appointment and let the Navigator know that you have selected a pre-approved plan for your county. They will set up an appointment for you to go to their enrollment site. The Navigator will confirm your eligibility, insurance coverage and assist you in creating an account and complete the enrollment process.

How to enroll into a Marketplace Plan for 2016 coverage.

- 3.** You **MUST** elect to have 100% of any premium tax credit for which you are eligible, paid in advance directly to the insurance company. The premium tax credit will be applied to the monthly premiums, which helps to reduce the cost associated with the insurance premium.

- 4. IMPORTANT:** After the Navigator completes enrollment, **DO NOT** return to the CHD or call them at this time.

AFTER you have received enrollment documentation and a premium notice from the insurance carrier in the mail, contact your local CHD staff member to let them know that you have completed enrollment. Have them set up an appointment for you to bring in the enrollment documentation, billing ID and premium payment notice.

If you do not receive enrollment information from the insurance carrier within 10 business days, call the insurance carrier's help desk to find out the status of your enrollment. Ask them for the billing ID as well as the monthly premium amount. You will need to report this information to CHD staff for a payment to be sent.

- 5.** Once CHD staff has entered your enrollment information into the database, the premium amount due will be sent for payment processing and then sent to the insurance company on your behalf. You will receive a temporary CVS card, which will enable you to pick up formulary medications *once the coverage goes into effect*.

PLEASE NOTE: The insurance coverage does not go into effect until the insurance company verifies receipt of the payment and posts verification to your account. You may contact the insurance carrier directly for the coverage effective date.

- 6.** If it is determined that you are not eligible and not able to enroll into a Marketplace plan, please contact your local county health department staff to inform them. They will ensure that you are able to access your medications at the county health department.